

Participant release form (required)

All participants and parents of participants assume all risks for themselves and their minor children by signing this general release of liability. Each reenactor and sutler must sign this form prior to participation in events at Fort Ward Museum and Historic Site.

Participant name and rank: _____

Unit affiliation: _____

Participant address: _____

Telephone number: _____

Family members may sign on the same waiver **Date:** _____

Printed name: _____ Signature _____

Printed name: _____ Signature _____

Printed name: _____ Signature _____

Printed name: _____ Signature _____

Printed names and birth dates of minor children taking part in the reenactment:

Part One: Photo and media release for promotional purposes

I hereby grant Fort Ward Museum and Historic Site and the City of Alexandria permission to make use of my appearance, actions, voice, sounds and other attributes comprising or related to my attendance and participation in Fort Ward Museum living history programs. This shall include the rights to photograph, film, depict, reproduce, distribute, record, transmit, store, display or make edited works for an unlimited number of times for an unlimited period of time. _____ (initial)

Part Two: General release of liability

By attending and participating in this activity, I recognize that there are risks associated with it, including, but not limited to: open campfires, handling and use of black powder, discharge of small arms and cannons, the risk of injury attendant to movement of large groups of people and risks associated with primitive camping. I hereby assume any and all risks of danger occasioned by my presence and participation in any and all activities in any way related to the living history program. I further agree to release and hold harmless Fort Ward Museum and Historic Site and the City of Alexandria, their agents, employees and volunteers from any and all claims for property damage or personal injury of any kind, no matter how incurred during my presence or while on their property. I understand that Fort Ward Museum and Historic Site and the City of Alexandria will rely on this grant and I fully intend it to have legal effect. _____ (initial)

Signature _____ Date _____